

IDIS # _____

Contract No. _____

Contract Amount: \$ _____

Invoice No. _____

Report Classification: Annual Year-End ☐ Reimbursement Request ☐ Quarterly ☐

Funding Program: CDBG ☐ NDAPP ☐ HOME ☐

"PUBLIC FACILITIES & IMPROVEMENTS"

GRANTEE PERFORMANCE REPORT (GPR) INFORMATION

1. Name of Subrecipient: _____ Program Year: _____

2. Project Title: _____

3. Reporting Period: _____ to _____
(Month/Day/Year) (Month/Day/Year)

4. Activity: ☐ Acquisition ☐ New Construction ☐ Reconstruction ☐ Design
☐ Center Rehabilitation/Expansion ☐ ADA Compliance

5. Activities associated with this Contract are: ☐ Community Oriented/Specific ☐ Countywide

6. What type of facilities does your Contract involve?

☐ Streets/Sidewalks ☐ Water Systems ☐ Community Center ☐ Lights/Signs
☐ Shelter/Halfway House ☐ Other (describe: _____)

7. Does this Contract provide assistance to homeless persons? ☐ Yes ☐ No

8. Does this Contract prevent homelessness? ☐ Yes ☐ No

9. Financial Status:

Total contract funds received for the Program Year: \$ _____

Source of funds: _____

a. Amount expended this reporting period: \$ _____

b. Total expended to date: \$ _____

c. Funds remaining: \$ _____

Source of any other funds involved in activity: _____

Amount of other funds: \$ _____

10. Recipient Data:

(This information should be unduplicated. For example, a person or household repeatedly receiving a particular service should be counted only once. In addition, the unit of measure

Contract No. _____

identified in 10.a. below must be consistent with the unit of measure presented in the Contract.)

a. Total number of € people / € households receiving benefit from Contract: _____

b. Of those counted above, total number by race: (Do not use percentages)

_____ White, Non-Hispanic _____ Black, Non-Hispanic _____ Native American
_____ Asian/Pacific Islander _____ Hispanic

c. Based on the table below, the number of persons/households benefited by this Contract are within:

Extremely Low Income Level (30% Median Income) _____

Low Income Level (50% Median Income) _____

Moderate Income Level (80% Median Income) _____

HUD Income Limits (Maximum Levels)

<u>Household Size</u>	<u>30%</u>	<u>50%</u>	<u>60%</u>	<u>80%</u>
1	15,480	25,800	30,960	41,280
2	17,685	29,500	35,370	47,160
3	19,905	33,150	39,810	53,080
4	22,110	36,850	44,220	58,960
5	23,880	39,800	47,760	63,680
6	25,650	42,750	51,300	68,400
7	27,420	45,700	54,840	73,120
8	29,190	48,650	58,380	77,840

d. The number of the recipients of your services who are Female Head of Household: ____

e. Percentage of those benefited who fall within the Low/Moderate Income Category: _____%

Based on: ☐ Income Data/Survey ☐ 1990 Census Tract Data ☐ Other: _____

If based on 1990 Census Data, please provide: Census Tract No. _____
Census Block Group No. _____

11. Product and Accomplishments:

- a. Describe project accomplishments associated with this reporting period, including type of service or product and the unit of measure used to describe accomplishments (i.e. linear feet of improvements, number of fixtures, etc.)
- _____
- _____
- _____

12. Implementation

Status of any portion of the Contract that is not completed: _____

For any portion of the Contract that is not completed, please provide a schedule that you anticipate will be required to fully complete the activity:

Milestone	Anticipated Completion Date
_____	_____
_____	_____
_____	_____
_____	_____

13. Economic Opportunities

- a. Does this Contract meet the requirements of "Section 3" of the Housing and Urban Development Act of 1968, as amended, 12 U.S.C. 1701 et. seq.?
- Yes No Not Applicable
- b. If yes, describe: _____
- _____
- _____
- _____
- c. If no, describe action taken in attempting to comply with "Section 3" requirements:
- _____
- _____
- _____

=====

I certify that the above information is true and accurate, and, that the source of documentation is available for review by both the County of Orange/Housing and Community Development Department and the U. S. Department of Housing and Urban Development.

Prepared by: _____ Submittal Date: _____
Signature: _____ Phone No. _____

As the assigned representative for the County of Orange/Housing and Community Development Department, I have reviewed this Grantee Performance Report Information Form relative to the executed funding contract, and found the project-related information and the reported accomplishments to be consistent with the terms and conditions of that funding contract.

Reviewed by: _____ Review Date: _____
(H & CD Project Leader)

Contract No. _____

Entered into IDIS by: _____ Date: _____